

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213522373					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: RESTON INTERFAITH, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ERIC A WELTER 1141 ELDEN STREET SUITE 220 HERNDON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2013</p> <p>SCC ID NO: 01248210</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11150 SUNSET HILLS RD STE 210</p> <p style="text-align: center;">CITY/ST/ZIP: RESTON, VA 20190</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALFRED GROFF TITLE: IMM PST PRES ADDRESS: 885 CHINQUAPIN RD CITY/ST/ZIP/CO: MCLEAN, VA 22102 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ALFRED GROFF TITLE: IMM PST PRES ADDRESS: 885 CHINQUAPIN RD CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANGELA HARPALANI TITLE: CHAIRMAN ADDRESS: 11581 SOUTHTON LANE CITY/ST/ZIP/CO: HERNDON, VA 20170 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ANGELA HARPALANI TITLE: CHAIRMAN ADDRESS: 11581 SOUTHTON LANE CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JAMES T JUDGE TITLE: VICE CHAIRMAN ADDRESS: 11203 BRADBURY LANE CITY/ST/ZIP/CO: RESTON, VA 20194-1311	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	KERRIE WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	RECORDING SECY		
ADDRESS:	11150 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 210 RESTON, VA 20190		
NAME:	NANCY BURK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	918 MONROE STREET		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	WILLIAM J BUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12613 THUNDER CHASE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	MR DAVID EHRHARDT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2015 HOMER TERRACE		
CITY/ST/ZIP/CO:	RESTON, VA 20191-1342		
NAME:	GEORGIA GRAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	45064 UNDERWOOD LANE		
CITY/ST/ZIP/CO:	SUITE 100 DULLES, VA 20166		
NAME:	GAIL GREENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1385 NORTHGATE SQUARE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	ESTHER JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1333 GRANT STREET		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	SUSAN JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11583 GREENWICH ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20194		
NAME:	SARA LEONARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10531 HUNTER STATION ROAD		
CITY/ST/ZIP/CO:	VIENNA, VA 22181		
NAME:	LINDA MALLISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1991 LOGAN MANOR DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	JILL NORCROSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11956 GREY SQUIRREL LANE		
CITY/ST/ZIP/CO:	RESTON, VA 20194		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART PATZ DIRECTOR 46175 WESTLAKE DRIVE SUITE 400 POTOMAC FALLS, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARYN SANDELMAN DIRECTOR 11046 THRUSH RIDGE ROAD RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA SCHIPPER DIRECTOR 1645 BENTANA WAY RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVOOD SEDAGHATFAR DIRECTOR 1577 INLET COURT RESTON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SIMPSON DIRECTOR 8944 JEFFREY ROAD GREAT FALLS, VA 20166	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS STEINBAUER DIRECTOR 2501 FOWLERS LANE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES VOLLMER DIRECTOR 12804 WREXHAM RD. OAK HIL, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KERRIE WILSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KERRIE WILSON, RECORDING SECY PRINTED NAME AND CORPORATE TITLE	5/13/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			